DOCUMENT RESUME

ED 290 113 CG 020 477

TITLE	Choices Today: Consequences Tomorrow. Adolescent Pregnancy, Parenting & Prevention in West Virginia.
INSTITUTION	West Virginia State Dept. of Education, Charleston.
PUB DATE	87
NOTE	36p.; Report prepared by the Adolescent Pregnancy & Parenting State Task Force.
PUB TYPE	Reports - Research/Technical (143)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Adolescents; *Early Parenthood; Family Planning; Parents; *Pregnancy; *Prevention; Schools; *Social Services; State Action; State Programs; *Statewide Planning
IDENTIFIERS	*West Virginia

ABSTRACT

This document reports on the problems associated with teenage pregnancy on a national level and the statistics and corresponding impact on the youth of West Virginia. Four recommendations are given in the summary: (1) develop a comprehensive state plan to address adolescent pregnancy, parenting, and prevention in West Virginia, noting that a successful plan will require cooperative effort of schools, human service agencies, health systems, employers, and agencies working with teenagers at the community level; (2) establish an Office of Adolescent Health Services to oversee services to adolescents and serve as a central information/resource center dealing with issues of specific concern to youth; (3) increase advanced training opportunities for health, education, and social service professionals who work with high risk adolescents; and (4) develop local case management systems to ensure coordination of health, education, employment, and social services to adolescents at the community level. The report presents a perspective on teenage pregnancy both nationally and in West Virginia and compares West Virginia to other states. A bibliography is included. (ABL)

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Choices Today: Consequences Tomorrow

Adolescent Pregnancy, Parenting & Prevention In West Virginia

CG 020477

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Adolescent Pregnancy & Parenting State Task Force Report 1987

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ACKNOWLEDGEMENTS

The work of Task Force members in preparing this report is sincerely acknowledged. Professionals and lay persons representing the fields of health, education, social services, religion, and psychology contributed their collective expertise to study teenage pregnancy issues in West Virginia over the past three years.

Special thanks to Ms. Kim Barber, West Virginia University School of Social Work graduate student who worked for six months with the Task Force visiting several adolescent pregnancy and parenting programs in the state and provided important assistance in compiling data for this report.

The contribution of Ms. Kay Chambers in providing secretarial support to the Task Force is greatly appreciated. Minutes for our monthly meetings and typing of this report would not have been possible without her assistance.

Members of the Adolescent Pregnancy and Parenting State Task Force who have actively participated in the development of this report and planning of the state conference, "Choices Today: Consequences Tomorrow" include:

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INTRODUCTION

Recognizing the need to attend to the national problem of teenage pregnancy and parenting, the Resource Center on Sex Equity for the Council of Chief State School Officers (CCSSO) organized a national conference on the issue of adolescent pregnancy and parenting in January 1984. The goal of this conference was to encourage state agencies to study the problem of early childbearing among adolescents in their states and to work together to seek solutions to this ever growing national problem.

Stimulated by their work at the conference, West Virginia representatives from the Departments of Health, Education, and Human Services met to organize the Adolescent Pregnancy and Parenting State Task Force to address the issues and service needs of West Virginia's adolescent population. The Task Force consists of approximately 60 members including staff representing the above-mentioned state agencies in addition to representatives from local school systems, hospitals, child care agencies, churches, social service organizations, and other groups serving adolescents.

The goals of the Task Force are:

- To decrease the number of births to teenage parents in West Virginia by promoting the importance of family life education and by increasing public awareness of the problems and consequences associated with adolescent pregnancy and parenting;

- To ensure that pregnant adolescents receive early comprehensive care which addresses their unique health, education and social service needs; and,

- To encourage the development of statewide services and resources necessary to assist adolescent parents to function effectively in their environment.

In order to accomplish these goals, the Task Force established three standing subcommittees to address the following issues: a) adolescent pregnancy prevention, b) services for pregnant adolescents, and c) services for parenting adolescents. Since its inception in 1984 the Task Force has:

1. Conducted a survey of Task Force members, educators and adolescents. The results helped to define principles and components of comprehensive health services for pregnant and parenting adolescents.

2. Endorsed the West Virginia State Board of Education's Learning Outcomes for health safety and consumer/homemaking programs of study to be implemented in 1986-87.

3. Participated in multi-media interviews and spoke at state and national conferences in order to increase public awareness of teenage pregnancy problems in West Virginia.

4. Co-sponsored a public address by Dr. Sol Gordon on the importance of parent participation in sex education.

5. Participated as consultants to the West Virginia Sudden Infant Death Syndrome (SIDS) Prevention Project sponsored by West Virginia University School of Medicine, Department of Pediatrics.

6. Testified before the West Virginia Joint Legislative Subcommittee on Infant Mortality regarding high risk factors associated with adolescent pregnancy.

7. Represented adolescent pregnancy concerns on the State Maternal Health Care Task Force and the Healthy Mothers/Healthy Babies Coalition.

8. Wrote and published Choices Today: Consequences Tomorrow - Adolescent Pregnancy, Parenting and Prevention in West Virginia.

9. Organized and sponsored the first statewide conference on adolescent pregnancy in June 1987.

EXECUTIVE SUMMARY

The purpose of this report is to bring public attention to the serious plight of pregnant and parenting adolescents in West Virginia today.

After three years of comprehensive study, the Task Force is submitting an overview of the problems associated with teenage pregnancy on a national level, and more importantly, the statistics and corresponding impact on the youth of West Virginia.

No one program or service can be designed to meet the needs of all pregnant and parenting teens in our state. In order to resolve the issues related to health, education, and social services, emphasis must be placed on the development and coordination of comprehensive adolescent health services at the state and local levels.

Based on the contents of this report, the Adolescent Pregnancy and Parenting State Task Force proposes the following four recommendations:

R E C O M M E N D A T I O N S

1. Develop a comprehensive state plan to address adolescent pregnancy, parenting and prevention in West Virginia. Successful implementation of the plan will require a cooperative effort involving schools, human service agencies, health systems, the employment sector, and all other agencies working with teenagers at the community level. Components of the state plan should include:

Prevention

* Comprehensive planning among private and public agencies to address the need for adolescents to postpone early sexual activity, and to prevent pregnancy among those teens who are sexually active.

* Statewide health/family life education curriculum provided to all West Virginia students in grades K-12.

* Specialized in-service training for individuals who are responsible for the delivery of health education curriculum in schools.

* Dropout prevention programs at elementary, junior high and high school levels to avoid academic failure which often leads to poor self esteem, premature sexual activity and pregnancy.

* Parent education programs to assist in facilitating communication between parents and their children about sexuality and related issues, and to reinforce the role of parents as primary educators of their children.

* Education of adolescents, both male and female, regarding the importance of responsible sexual behavior, prevention of unintended pregnancy, and/or sexually transmitted diseases.

* Public media campaigns to educate West Virginia's citizens about the problems and consequences of teenage pregnancy and to motivate communities to address these issues.

Pregnancy

* Education of adolescents about the symptoms of pregnancy and the importance of seeking early medical diagnosis and care when pregnancy is first suspected.

* Counseling for pregnant teens and their male partners regarding decision-making options, pre-natal health care, self-esteem, and financial support availability.

* Group counseling for families of pregnant adolescents to encourage their emotional support and assistance.

* Equal access to medical, financial and social services for adolescents regardless of marital status.

* Appropriate educational programs to enable pregnant and parenting adolescents to complete their education.

* Accessible transportation to health and social services for pregnant teenagers, especially those living in rural areas.

Parenting

* Accessible post-natal health services for adolescent mothers and their infants.

* Parenting education programs and peer support groups at the community level to aid adolescent parents in caring for their children.

* Statewide availability of day care services to enable teenage parents to complete their education and/or job training.

* Job training and employment programs to assist parenting adolescents in the establishment of career goals and future financial independence.

* Education of young mothers and fathers regarding effective methods of contraception, including abstinence, to prevent a second pregnancy.

2. Establish an "Office of Adolescent Health Services." This Office would oversee services to adolescents and serve as a central information/resource center dealing with issues of specific concern to youth including prevention of pregnancy, suicide, sexually transmitted diseases, drug and alcohol abuse, and crisis intervention.

3. Increase advanced training opportunities for health, education, and social service professionals who work with high risk adolescents.

4. Develop local case management systems to ensure coordination of health, education, employment, and social services to adolescents at the community level.

In order to fully implement these recommendations, additional funding must be sought from the West Virginia State Legislature, private foundations, and federal programs.

The members of the Adolescent Pregnancy and Parenting State Task Force acknowledge the fact that we are all a part of the problem and potential solution. This gives us the capacity to work together towards resolving issues related to teenage pregnancy in West Virginia. As a Task Force we stand ready to monitor the implementation of these recommendations and collectively offer our assistance to improve the quality of life for adolescents in our state.

Ann Burds, Chairman
Adolescent Pregnancy and Parenting
State Task Force

TEENAGE PREGNANCY AND PARENTING
A NATIONAL PERSPECTIVE

- Over 1 million teenage pregnancies occur each year; three out of four are unintended.
- Nearly 500,000 babies are born to teen mothers, half of whom are not married. Of these, 180,000 births were to teens younger than 18, with almost 10,000 babies being born to girls under age 15.
- Over 300,000 babies are born to teenage girls who have not completed high school; 36,000 of these mothers have not finished 9th grade.
- One out of seven births in the United States is to a teenager.(1)

Teenage pregnancy is not a new phenomenon. For generations, unmarried teens have become pregnant, although historically, the incidents were lower. The baby was either raised by the teen's family, relinquished for adoption, or the parents married. It is only in the past two decades that the prevalence of teen pregnancy has risen to intolerable dimensions. According to a Lou Harris Poll released in November 1984, 84% of adults in the United States now regard adolescent pregnancy as a serious national problem.

Though it is true that the total number of births to teenagers has declined in the past few years, the statistics on adolescent sexual activity and pregnancy are alarming. A recent study shows that nearly one-half of all American teenagers are sexually active: 5,000,000 young women (including 2.5 million 13-17 year olds) and 7,000,000 young men (including 3.5 million 13-17 year olds). Yet, only 33% of all sexually active teens report using any contraception the first time they engage in intercourse.(2) On the average, teens wait one year between becoming sexually active and seeking contraceptive counseling and services. The primary reason for visiting a family planning clinic is fear that they are already pregnant.(3)

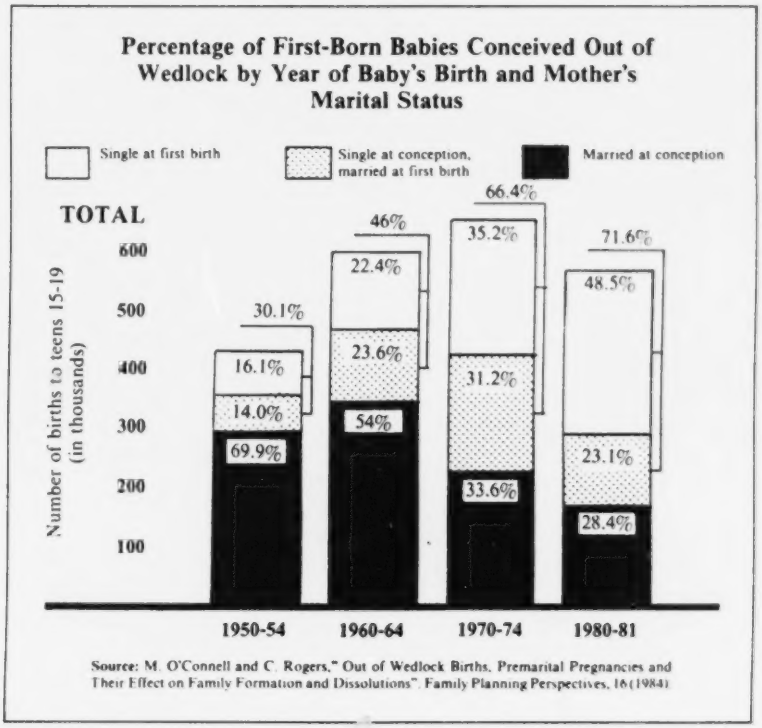
The most startling new trend is that the number of births to teens under 15 years of age is steadily increasing. This trend is especially unfortunate since pregnant teens under the age of 15 are more likely to suffer complications during pregnancy and childbirth. They are also at a greater risk of dying in childbirth than their older counterparts.

A study funded by the Rockefeller Foundation found that teenage girls today are just as ignorant about the scientific facts of reproduction as their counterparts were in the 1950's. In addition, the average teenager of the 1980's is subjected to a barrage of misinformation through the media concerning human sexuality and reproduction. It is estimated that the average viewer sees more than 9,000 scenes of suggested sexual intercourse or innuendo on television each year. Sex and sexuality myths and misinformation are also readily available through movies, music videos, rock lyrics, and advertising.(4) Ironically, the majority of these forms of media have refused to air or print ads that deal with the prevention of teen

pregnancy, saying the issue is "too controversial."

The 1980's have shown devastating social and economic consequences associated with teenage parenthood. Nearly 45% of pregnant teens give birth and elect to raise their child, usually as a single parent.(5) The illustration below indicates the increase over the past four decades in the number of babies conceived and born to single adolescents.

Chart 1



With the social stigma of illigitimacy largely removed, most teens who decide to carry their pregnancy to term now keep their babies. In the early 1960's, 35% of babies born to teens were relinquished for adoption. But that figure has fallen to just 5% in the 1980's.(6)

The average teenage mother earns half the income of older mothers and is much more likely to be dependent on welfare. Over 70% of females under 30 who receive AFDC had their first child as a teen.(7) The following chart illustrates the greater likelihood of being poor for a single young parent.

Chart 2

Percentage Of Families With 1983 Income Below The Poverty Level, By Family Type/Age Of Head Of Household, Presence Of Children And Race

	Black	White	Total
Married Couples:			
Age 25-44, with children	15.4	8.6	9.3
Under 25, with children	32.1	23.0	24.3
Under 25, with no children	—	5.2	5.4
Female-Headed Families:			
Age 25-44, with children	58.8	38.7	45.5
Under 25, with children	84.8	73.8	77.9
Under 25, with no children	—	13.3	18.1

Source: U.S. Dept. of Commerce, Bureau of the Census, Current Population Reports, Series P-60, No. 147 *Characteristics of the Population below the Poverty Level, 1983* (Washington, D.C., February 1985).

There is a direct correlation between teenage pregnancy, school dropouts and poverty. A national study conducted in the late 1970's found that male teens who became fathers before the age of 18 were 40% less likely to graduate from high school than those who waited. Forty-three per cent of young women who drop out of school do so because of pregnancy and/or marriage. For those teens who do marry, divorce is three times more likely than for those who marry in their 20's.(8) Whether single or married, an 18-19 year old man without a diploma is rarely able to earn enough to support a family. A young woman is less likely to be able to support her family alone.

The health and medical consequences for both mother and baby as a result of a teen pregnancy are also severe and long term. Pregnant teens are more likely to suffer anemia, toxemia and other complications than mothers aged 20-24. They are also twice as likely to have no pre-natal care, or to begin pre-natal care in the 7th month or later. Babies born to teenagers are almost twice as likely to have low birth weight, resulting in much higher rates of illness and mortality. Later in life, they often experience educational and emotional problems, and are at greater risk of becoming victims of child abuse.

Until very recently society has virtually ignored the adolescent male in public health education and family planning literature, as well as service delivery. And yet, there is more peer pressure among males to engage in early sexual activity than for females. Statistics show that the average age for a male to have sexual intercourse for the first time is 15.7 (compared to 16.2% for a female); and 8 out of 10 males have had sexual intercourse by the age of 20 (compared to 7 out of 10 for females).(9)

NATIONAL LEGISLATION AND PROGRAMS

Few programs exist on the national level that specifically address the problems of adolescent pregnancy and parenting. In 1970, the federal government created the Population Research and Voluntary Family Planning Program, Title X of the Public Health Service Act. Signed into law by President Nixon, it is administered by the Department of Health and Human Services. The Title X Program authorizes grants to public and non-profit organizations for the provision of preventive family planning services to low income women and teens. Some of the services funded by the Title X Program include contraceptive counseling and supplies, treatment for sexually transmitted diseases, natural family planning and infertility services.

There are nearly 5,000 family planning clinics nationwide that provide services through the Title X program. It is estimated that more than 425,000 teen pregnancies a year are prevented as a direct result of Title X services. In 1983, of the 5 million women served by Title X, 1.6 million were teenagers.(10) It is estimated that approximately 86% of these teens were poor and according to the National Center for Health Statistics, 13% received public assistance. For every public dollar spent on services to teens, the Title X program saves three tax dollars in the following year alone.(11)

Through a series of hearings and surveys, the U.S. House Select Committee on Children, Youth & Families found that of 450,000 teenage parents in the nation, only 45% were married. The facts show that though the number of births to married girls aged 15-17 has declined, the number of babies born to unwed 15-17 year olds is increasing. The majority committee report stated:

> "We can continue to condemn and ignore this national tragedy, allowing it to take its toll on young people and the nation. (but) we know contraception works. We know sex education can make a real contribution. We know comprehensive health care is essential."(12)

The Adolescent Family Life Act (AFLA) became law in 1981. It began as a demonstration project to test new Administration policy decisions including: a) premarital sexual activity among adolescents can be reduced if public programs are sufficiently family centered; b) a mandatory parental consent requirement for services will enhance communication between parents and teens and strengthen family relationships; c) adolescents can and should be encouraged to carry the pregnancy to term and give their babies up for adoption.(13) After nearly six years of demonstration funding, only limited national data is available on the effectiveness of the Adolescent Family Life Act.

Other federally funded programs that are available to all income eligible families including pregnant and parenting adolescents are Title XIX Medicaid, WIC (Women, Infants, & Children Nutrition Program), food stamps, AFDC (Aid to Families w/Dependent Children), Title V Maternal & Child Health, and Title XX Social Services Block Grant.

In the fall of 1986, a two year study conducted by the Panel on Adolescent Pregnancy & Childbearing of the National Academy of Sciences (NAS) was released. "Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing" emphasized three central conclusions concerning the national perspective on adolescent pregnancy and parenting:

- Programs and policies designed to address the problem of adolescent pregnancy should make pregnancy prevention their highest priority including the availability of contraception.

- When an unintended pregnancy does occur, alternatives to childbearing and parenting should be provided.

- When parenthood is chosen, services should be provided to promote positive outcomes both for teen parents and their children.

Future national policy should be designed to not only reduce the incidence of teenage pregnancy, but also to increase incentives for adolescents to delay parenthood until they complete their education.

UNITED STATES VS. OTHER NATIONS

- The United States leads nearly all other developed countries in its incidence of pregnancy among girls aged 15-19. The teenage abortion rate alone is as high or higher than the combined abortion and birth rates of any of these countries. (Chart 3 on the following page depicts this fact.)

- The United States is the only developed country where teenage pregnancy has been increasing in recent years.

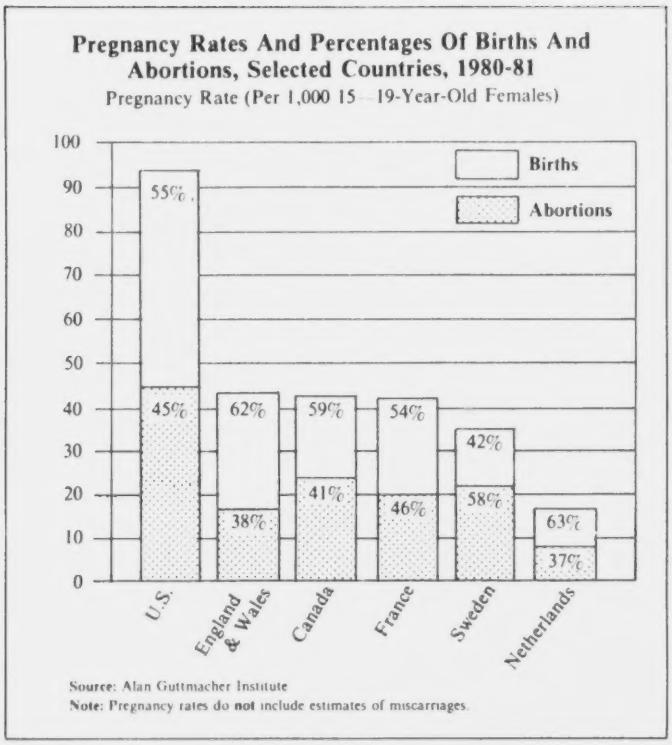
- In countries with the most liberal attitudes toward sex, the most easily accessible contraceptive services for teens, and the most effective formal and informal programs for sex education, there are the lowest rates of teen pregnancy, abortion, and childbearing.

These are some of the findings of a 1985 Alan Guttmacher Institute (AGI) study on teenage pregnancy in the United States and 36 other developed countries. A more in depth comparison between the United States, France, the Netherlands, England, Canada, and Sweden refutes some beliefs in this country regarding teenage pregnancy.

MYTH	FACT
1. U.S. teens are more sexually active than their counterparts in other countries.	1. The ratio of adolescent sexual activity is comparable in other countries.
2. Teenage pregnancy is a black problem only.	2. Though black teens do have a much higher rate of pregnancy in the U.S., the white rate alone is nearly double the rate in the other countries studied.
3. The availability of AFDC benefits and services act as an incentive to teens to have babies.	3. There are more generous benefits in the other five countries than in the U.S.
4. Lower teen birthrates in other countries are achieved by greater recourse to abortion.	4. All five countries studied have much lower abortion rates than the U.S.

The governments in the other five countries studied have perceived their responsibility to be the provider of contraceptive services to sexually active teens. In three of the countries, the decision to develop such services was specifically linked to the desire to minimize abortions among teenagers. None of the countries studied, except the United States, attempt to reduce or eliminate teen sexual activity, or place any restrictions on confidential access to birth control.(14)

Chart 3



There is no national policy regarding sexuality education in the United States. Studies reveal that only 15% of public school districts provide timely and comprehensive sexuality education, including birth control and reproductive anatomy.(15) Yet a 1985 Harris poll confirmed that today's parents want and need assistance in talking with their children about sex and sexuality. Over 85% of parents polled said they believe strongly that sex education should be taught in the schools. The Chart below indicates the grade level at which parents think sex education should be taught and topics which should be discussed.

Chart 4

TOPICS THAT SHOULD BE INCLUDED IN SEX EDUCATION

	High School		Elementary School	
	1985 %	1981 %	1985 %	1981 %
Birth Control	85	79	48	45
Venereal disease				
Biology of reproduction	82	77	89	83
Premarital sex	62	60	34	40
Nature of sexual intercourse	61	53	45	36
Abortion	60	54	28	26
Homosexuality	48	45	28	33

- In 1985 4,105 young girls, aged 10-19 gave birth in West Virginia. Of these, 62 births were to mothers 10-14 years old.

- While the total number of births to teens has decreased from 4,351 in 1984 to 4,105 in 1985, the percentage of births to unmarried teenage mothers increased 4%, from 38% in 1984 to 42% in 1985.(16)

- In 1984, West Virginia had the second highest percentage of births to white teens at 17.6--second only to Kentucky at 17.7. The United States average that year was 11.1%.

- In 1984, 17.7% of all births in West Virginia were to mothers under age 20 while the United State's average was 13.1.(17)

Over the past few years, paralleling the national experience, West Virginia has seen a decline in the number of teen pregnancies. Part of that decline is attributable to a decrease in the total teen population. Similar to the United State's statistics, the number of births to West Virginia teens under age 15 and the number of births to single teens is increasing. (Refer to Chart 5).

It is important to note that nationally 8 of 10 babies born to married 15-17 year olds were conceived before marriage. These marriages are three times more likely to end in separation or divorce than those who wait until their 20's.(18)

CHART 5

BIRTHS TO TEENS UNDER AGE 15

MARITAL STATUS	1984 10-14 Years	1984 15-19 Years	1985 10-14 Years	1985 15-19 Years
Married:				
Number	10	2,685	6	2,364
Percent	0.0	13.0	0.0	11.8
Not Married:				
Number	44	1,612	56	1,679
Percent	8.2	17.5	1.3	40.4

Source: WV Dept. of Health, Vital Statistics 1984 and 1985

According to the Children's Defense Fund, disadvantged young women, whether black, white, or hispanic are disproportinately becoming pregnant and giving birth. The term disadvantaged means teens from low-income families, with

poor basic skills (reading and math), and with poor employment potential. The public assistance payments for disadvantaged teen parents in West Virginia are very limited. As shown in the Chart below, West Virginia provides extremely low AFDC and Medicaid coverage for families in need.

CHART 6

AFDC And Medicaid Coverage For Families With No Other Income As A Percent Of The Federal Poverty Level, 1984

Rank	State	Percent	Rank	State	Percent	Rank	State	Percent	Rank	State	Percent
1	Alaska	78%	14	New Hampshire	51	27	Dist. of Colum.	44	40	North Carolina	33
2	California	75	15	Utah	51	28	Maryland	42	41	Arizona	32
3	Wisconsin	72	16	Maine	50	29	Illinois	41	42	Georgia	30
4	Vermont	72	17	North Dakota	50	30	Idaho	41	43	West Virginia	28
5	Minnesota	71	18	Michigan	50	31	Ohio	39	44	Kentucky	27
6	Connecticut	66	19	Iowa	49	32	Nevada	39	45	Louisiana	26
7	New York	64	20	Kansas	49	33	Delaware	39	46	Arkansas	26
8	Washington	63	21	Wyoming	49	34	Oklahoma	38	47	Texas	25
9	Rhode Island	55	22	Pennsylvania	47	35	Missouri	37	48	South Carolina	25
10	Hawaii	55	23	Colorado	47	36	Virginia	36	49	Tennessee	21
11	New Jersey	55	24	Nebraska	47	37	Indiana	35	50	Alabama	16
12	Massachusetts	54	25	Montana	45	38	New Mexico	35	51	Mississippi	16
13	Oregon	52	26	South Dakota	45	39	Florida	33			

Source: State eligibility standards as of October 1985, obtained from the Social Security Administration. Calculations by Children's Defense Fund.

The health concerns involved with adolescent pregnancy are staggering. The risks to the teen mother include a higher chance that she will suffer from toxemia, anemia, and complications from having a premature or prolonged labor. She will probably have a poorer diet than women who wait until their 20's to become pregnant. Maternal mortality is also higher among pregnant teens, especially those who are very young.

Health risks for infants born to teenage mothers are high. An important factor influencing healthy birth outcomes is early pre-natal care. However, the number of pregnant teens in West Virginia receiving early pre-natal care is extremely low. Without early pre-natal care these infants are more likely to suffer birth injuries, mental retardation, and neurological defects.

A lower birth weight reduces an infant's chances of a healthy survival. Low birthweight babies are more likely to require prolonged hospitalization and expensive medical care. Premature babies are more likely to have speech and hearing problems, behavior disorders, learning disabilities, and other difficulties in school later in life.(19) As seen in Chart 7, West Virginia has one of the highest percentages of low birthweight babies born to teens.

CHART 7

PERCENT OF ALL LOW BIRTHWEIGHT BABIES BORN TO TEENS

U.S. TOTAL - 19.2
WEST VIRGINIA TOTAL - 24.7

****National Ranking - 5th**

U.S. WHITE - 16.1
WEST VIRGINIA WHITE - 24.9

****National Ranking** - 1st
White teens in WV lead the nation in delivering the highest % of ALL Low Birthweight babies born to teens.

Low birthweight is also a frequent cause of infant death. According to the West Virginia Department of Health, Vital Statistics, 23% of the infants who died in 1985 were born to teenage mothers.

With the 1986 Provisional Data now available from the West Virginia Department of Health, statistics show a slight increase in the number of births to teenagers in 1986 at 17.2% compared to 17% in 1985. Certain regions in the state, particularly southern and central counties, have an alarming rate of teen pregnancy. Chart 8 depicts the wide variation ranking from a high of 27.9% in Lincoln County to a low of 10.3% in Tyler County.

CHART 8

1986 PROVISIONAL
PERCENT OF BIRTHS AGE 10-19

Lincoln	27.9	Gilmer	16.7
McDowell	27.8	Monroe	16.4
Mingo	25.5	Barbour	16.3
Boone	24.0	Calhoun	16.3
Clay	23.8	Morgan	16.3
Mason	22.9	Tucker	16.3
Wyoming	22.4	Hampshire	16.1
Braxton	22.2	Jackson	15.7
Nicholas	21.5	Marion	15.7
Fayette	21.2	Ohio	15.2
Pocahontas	21.2	Upshur	15.2
Jefferson	20.4	Lewis	15.0
Raleigh	20.2	Grant	14.9
Logan	20.0	Webster	14.8
Ritchie	20.0	Doddridge	14.7
Roane	20.0	Harrison	14.7
Mercer	19.5	Wood	14.3
Preston	19.4	Wetzel	13.8
Taylor	19.3	Putnam	13.7
Pendelton	18.9	Kanawha	13.6
Hardy	18.7	Wirt	13.6
Pleasants	18.3	Summers	12.8
Wayne	18.0	Brooke	12.6
Mineral	17.6	Marshall	12.1
Berkely	17.5	Hancock	10.5
Cabell	17.5	Monongalia	10.4
Greenbrier	17.4	Tyler	10.3
Randolph	17.4	Average	17.2

ADOLESCENT PARENTS IN WEST VIRGINIA
SERVICES AND ISSUES

The most frequently chosen option today by pregnant teens is parenting. Teen parenthood and its consequences have, therefore, been the focus of much attention in the past decade -- high risks of poverty, single parenthood or divorce, repeat pregnancies, school dropouts, unemployment, and inadequate parenting skills.

The West Virginia Department of Human Services is responsible for the operation of the majority of social service programs that are available to pregnant and parenting teens in this state. Single and Adolescent Parent services provide supplementary help for this population during and following a pregnancy to assure that both the child and parent(s) receive all available benefits with regard to present needs and future stability. The aim is to provide assistance in decision-making regarding pregnancy resolution, short and long-term planning for the parents and child, obtaining ancillary services, and preparing for and adjusting to the roles and responsibilities of parenthood. The ultimate goal is for the single or young parents to become proficient in providing adequate parenting for their child and to be healthy, educated, and financially stable.

Some of the many services offered to pregnant and parenting teens through the West Virginia Department of Human Services include: maternity home care, independent living skills, day care, counseling, and financial assistance. Aid to Families with Dependent Children (AFDC), food stamps, and emergency assistance are potential resources for clients through the Department, as is the Medicaid program.

Medicaid is a federal-state matching program that provides medical assistance to low income persons. West Virginia is one of 34 states that extends its definition of medically indigent to all pregnant women and children under age 18.(20)

The West Virginia Department of Health is continuously recruiting private physicians to serve the state's needy pregnant women and children. Depending on the area of the state, there may be several sources of medical care for this population, such as private physicians or clinics. Services also available at most local health departments include: Early Periodic Screening, Diagnosis & Treatment (EPSDT), immunizations, maternity care services, pediatric health services, and Women, Infants and Children (WIC) nutrition programs.(21)

The environment in which infants born to teenage mothers are raised is critical. Of primary importance is that healthy babies are born and raised into families that are physically, economically and psychologically prepared.

Due to the significant number of diseases that are passed on to children by their parents, it is important to know the identify of both mother and father. Yet 83% of unwed West Virginia teen mothers did not identify the baby's father.

- The father's age was unknown or not given for 1,447 of the 1,736 (83%) births to unwed West Virginia teen mothers in 1985.

- Of the 289 births to unwed mothers where the father's age was given, 93 had teenage fathers.

- Of the 2,369 babies born to married teens, 548 (23%) had teenage fathers; 1,383 (58%) of the fathers were between the ages of 20-24; 41 (2%) had fathers 35 years or older, including three births to 15 year old wives and one 13 year old.(22)

The fact that 83% of the unwed West Virginia teen mothers did not know or did not give the fathers name and age is extremely significant. Since many of these mothers do not complete high school and lack marketable skills, they enter a pattern of unemployment, welfare dependency and repeated pregnancies. Furthermore, studies suggest that teenage mothers without high school educations are nearly twice as likely to live in households receiving Aid to Families with Dependent Children (AFDC) as are women with high school educations.

The realization that the public is carrying a financial burden which could be assumed by parents has produced the enactment of strong child support enforcement legislation at the state and federal levels. If the identity of the absent parent is established, the child may be eligible to receive monthly child support payments.

Other benefits that children may acquire through paternity establishment include Social Security, pension benefits, and veteran's benefits. The importance of the father's identity and responsibility for support is increasingly being recognized and will continue to be observed as future child bearing trends are evaluated.

Another economic factor associated with teenage pregnancy and parenting is the high rate of school dropouts. Unemployment rates are twice as high for dropouts compared to youth who complete their education, and the overall average earnings for dropouts is significantly lower than for those who complete high school (Refer to Chart 9). It is estimated that the average school dropout will cost society one million dollars throughout his/her life. (23)

CHART 9

United States
Average Earnings by Educational Level Attained, 1983

	Dropouts	*High School Graduates*	*Some College Attendance*
Men	$14,568	$19,459	$27,861
Women	$7,299	$10,083	$14,369

Adolescent pregnancy and childbearing is one of the main reasons that adolescent females drop out of school. During the 1950's and 60's, a pregnant teen was often forced to drop out of school for fear of the "example" she might set. But in 1972, Title IX of the Education Amendments prohibited discrimination against pregnant students in classes, programs or extracurricular activities receiving federal assistance. Pregnant students can remain in regular classes, or schools may offer separate classes if they are comparable to those for other students and the pregnant student voluntarily chooses to attend them. Title IX also states that schools must grant doctor-requested medical leaves for pregnancy and reinstatement to previous status upon return to the classroom.(24)

While the educational system alone cannot solve all the problems facing pregnant and parenting teens, educators are in a unique position to exert much needed leadership. For example, schools can provide academic and vocational training, career counseling, personal guidance and job placement services. Schools could also serve as a referral source for medical and social servies.

Over the past few years, the West Virginia Board of Education has placed much emphasis on the need to address the drop-out problem. The goal in West Virginia is to reduce the overall drop-out rate of 19% in 1986 to 10% by the year 1990. Obtaining this goal would mean that over 90% of all students will graduate with a high school diploma.

In West Virginia, 335 females and 27 males reported they dropped out of school due to pregnancy or marriage during the 1985-86 school year.(25) Teenagers must have direct and accurate information about sexuality, including support to delay sexual activity as well as access to convenient, confidential, and affordable family planning counseling and medical services. Teens must perceive real options for their futures in order to be motivated to avoid premature childbearing. They must have access to both quality education and vocational opportunities.

According to 1983 statistics, over 60% of teen mothers in West Virginia had not completed high school. Chart 10 compares West Virginia to the United States average.

Chart 10

PERCENT OF TEEN MOTHERS
WITH 11 YEARS OR LESS EDUCATION
(Not A High School Graduate)

U.S. TOTAL - 61.7	U.S. WHITE - 60.4
WEST VIRGINIA TOTAL - 66.1	WEST VIRGINIA WHITE - 66.4

*No Rankings available.

ADOPTION

During the 1960's, adoption was a frequently used option to teenage parenting. But with the stigma of "illigitamacy" largely removed and the national legalization of abortion in 1973, less than 5% of teens relinquish their babies for adoption today.(26)

The trend in the last ten years has been a decrease in the number of healthy infants placed for adoption as it is becoming more socially acceptable for unmarried mothers -- particularly teenagers -- to raise their children as single parents. Statistics from the Children's Home Society of West Virginia, United Methodist Child Placement Services, and the Department of Human Services show nearly a 50% decrease in placement from 1976 to 1986. This reduction has primarily been in the adoption of healthy white infants. The number of black infant placements has remained about the same. In West Virginia the total number of adoptions of healthy infants by non-relatives was only 1% of 1982 live births as seen in the following Chart.

CHART 11

Number of unrelated adoptions of healthy infants and as a percentage of unrelated adoptions, 1982 live births, and 1982 births to unmarried women

Geographic division and State	Total unrelated adoptions of healthy infants. . .	. . .as a percentage of unrelated adoptions	. . .as percentage of 1982 live births	. . .as percentage of 1982 births to unmarried women
WEST VIRGINIA	278	49.8	1.02	7.13

Source: The Adoption Factbook, copyright 1985 by the National Committee for Adoption, Inc., 2025 M Street, NW, Suite 512, Washington, D.C. 20036

There are no statewide statistics on the total number of teenage mothers who place their babies for adoption. However, information available from the West Virginia Department of Human Services, the Children's Home Society of West Virginia, and United Methodist Child Placement Services, Inc., show that 17 healthy white infants became available for adoption in 1986. Of this number, 7 infants were born to teenage mothers, age 19 years or younger.

A teenager's parents play a significant role in her decision making regarding her pregnancy outcome. If she is financially and emotionally dependent on her parents, her decision will often coincide with their wishes. Some reasons for an adolescent to place her child for adoption include: a desire for a stable, married couple that can provide a good home for her child; concerns over her lack of readiness to assume the responsibilities of parenting; interference with her education and/or future career goals; and, inability of the birth father to assume parenting

responsibilities and/or to continue their relationship.

Both independent and agency adoptions are available to teenagers considering adoption as a plan for their child. Independent adoptions may be privately arranged by physicians, attorneys or other individuals and/or organizations. Agency adoptions are arranged by a licensed child placement agency following specified guidelines for services by the West Virginia Department of Human Services licensing regulations. For those teens facing an unintended pregnancy, increased access to information on child placement services, including outreach and counseling efforts to present adoption as a viable option, needs to be available.

ABORTION

Since the 1973 Roe vs. Wade Supreme Court decision legalizing abortion nationally, young women have been provided with another alternative when faced with an unintended pregnancy. It was not until May 1984 when the West Virginia Legislative Session passed House Bill 1278 that statistics were kept regarding the number of adolescents obtaining abortions. The Bill requires physicians to notify (consent is not required) a parent or guardian of an unemancipated minor prior to performing an abortion. A task force was established shortly after passage of the parental notification legislation to implement the requirements of the bill.

The task force estabished a toll free number to provide information about the law and its requirements, developed a brochure to inform and educate the public, created a form to be used by physicians who are required to report specific information to the State Department of Health, and developed strategies to assist counselors in regard to follow up on all referrals.

The Parental Notification law applies to any pregnant girl under age 18 who chooses an abortion unless she is married, a high school graduate, or declared emancipated by a court. The law pertains to abortion services only, not birth control services. The doctor must speak to either a parent or guardian by phone at least 24 hours before the abortion. If the parent/guardian cannot be reached, a certified letter must be sent at least 48 hours prior to the procedure. The four exceptions to the requirement that a parent or guardian be told include:

A medical emergency as determined by a physician.
A waiver by a second physician.
A waiver by a judge.
A waiver by parent or guardian.(27)

The following Chart shows statistics regarding the number of abortions obtained by unemancipated minors as compared to the number of live births to teens age 17 and under in West Virginia.

CHART 12

COUNTY	NUMBER OF BIRTHS	NUMBER OF ABORTIONS	COUNTY	NUMBER OF BIRTHS	NUMBER OF ABORTIONS
Barbour	6	2	Mineral	0	0
Berkeley	27	0	Mingo	19	8
Boone	12	7	Monongalia	20	6
Braxton	10	0	Monroe	4	1
Brooke	7	4	Morgan	3	0
Cabell	36	31	Nicholas	10	7
Calhoun	8	0	Ohio	17	25
Clay	13	0	Pendleton	6	0
Doddridge	2	1	Pleasants	1	3
Fayette	35	11	Pocahontas	5	2
Gilmer	3	0	Preston	15	1
Grant	6	0	Putnam	14	10
Greenbrier	8	3	Raleigh	47	22
Hampshire	1	0	Randolph	15	4
Hancock	5	7	Ritchie	2	4
Hardy	1	0	Roane	7	3
Harrison	25	23	Summers	9	1
Jackson	3	11	Taylor	6	2
Jefferson	14	5	Tucker	2	0
Kanawha	100	75	Tyler	2	1
Lewis	7	2	Upshur	7	1
Lincoln	11	3	Wayne	15	5
Logan	31	6	Webster	5	4
McDowell	34	7	Wetzel	9	8
Marion	31	6	Wirt	3	2
Marshall	11	12	Wood	36	19
Mason	5	6	Wyoming	9	4
Mercer	36	5	Total	776	373

Source: Provisional Data, WV Dept. of Health, Vital Statistics

ADOLESCENT PREGNANCY PREVENTION IN WEST VIRGINIA

- An estimated 40,910 girls in West Virginia between the ages of 13-19 are sexually active and in need of family planning education and services.
- 19,406 West Virginia teens received family planning and related health care services in 1984.
- Over $4.00 is saved in tax money for every $1.00 invested in family planning services for teens in West Virginia.(28)

On the average, there is a one year delay between the time when teenage girls become sexually active and when they first seek contraceptive counseling and services. Research reveals that the male partner is the strongest single factor affecting contraceptive use. Yet, males receive less information on sexuality than do their female counterparts.

The best way to prevent an unintended pregnancy, and the only way at this time that is 100% effective, is abstinence. For those teens who are not yet sexually active, the focus must be placed on discouraging the onset of premature sexual activity. Family life education in the schools, church programs, youth groups and media campaigns help develop decision-making skills, assertiveness, self-respect, and confidence in adolescents to enable teens to say "no" to early sexual activity.

Education plays a major role in the prevention of an unintended teen pregnancy. A recent study was conducted by Johns Hopkins University on the relationship between school-based health programs and teens delaying sexual activity. Findings revealed that intense health education and counseling influences teens in their decision whether or not to delay premature sexual activity or engage in intercourse. Students who had sex education and were sexually active were more likely to use birth control, and those students who were not sexually active, were more likely to delay the initiation of sexual activity.

In September 1985, a survey was conducted throughout the state by WSAZ-TV and the Charleston Daily Mail newspaper. Chart 13 indicates the majority of participants support required sex education in West Virginia's public schools.

CHART 13

Question: Public School teachers in West Virginia should be required to teach sex education?

Agree - 58%
Disagree - 38%

Age of Respondents	Agree	Disagree
18-24	82%	18%
25-34	65%	31%
35-44	62%	34%
45-54	57%	41%
55-64	50%	46%
65+	46%	48%

*A total of 500 individuals were polled by professional interviewers - this represents an adequate sample as zip codes and random phone numbers were used to diversify the sample.

Following a teacher and public comment period in July 1985, the West Virginia State Board of Education approved a comprehensive kindergarten through twelfth grade health education program of study. During the 1986-87 school year, each of the 55 counties in West Virginia is to have in place a health curriculum which includes the approved learning outcomes. At early and middle childhood levels, these programs include: basic health and hygiene practices, the reproductive system, study of coping skills, nutrition, peer and family relationships, and decision making skills. At the adolescent level, emphasis is placed on evaluation of the inter-relationships of the human body systems, including the impact on growth and development, disease, and use and abuse of drugs and tobacco. Consumer health is addressed in relation to health care choices, costs, impact on society, prevention of disease and personal and community responsibilities. Human sexuality and its physical and emotional components are evaluated.(29) West Virginia is one of only four states (New Jersey, Maryland, and Kentucky) and the District of Columbia that has developed and implemented a mandated comprehensive family life/health education program.

Consumer and homemaking education offers another avenue in addressing the issue of teen pregnancy and prevention in public schools. Home economics curriculum offerings reflect the issues, interests and needs most relevant to today's student.

BASE (Basic Attitudes, Skills and Experiences) offers to students in grades five through eight the concepts of self-knowledge, self-understanding, decision making, independence and interdependence. STEPS (Surviving Today's Experiences and Problems Successfully), designed for 9th and 10th grade

students, uses the unifying concepts of responsibility, relationships, appreciation, self-image, coping/surviving and leadership to address human sexuality and family life concepts. Adult Roles and Functions, designed for juniors and seniors, helps students utilize the three strategies of valuing, inquiry and decision making to explore the roles, functions and responsibilities of adulthood.(30)

A survey of selected West Virginia youth organizations showed that few are currently involved in specific pregnancy prevention programs, nor offer pregnancy and parenting services specifically for adolescents. A strong emphasis in most organizations is on personal development, a vital component in prevention. Though most organizations are statewide, program development and implementation take place on the local level. Examples of youth organizations surveyed include:

* The Boy Scouts address self-improvement and personal health.

* The Girl Scouts emphasize "know yourself better" which includes aspects on personal development.

* The Young Women's Christian Association (YWCA) offers classes in parenting and support services for victims of family violence, both of which are available to teens.

* The Young Men's Christian Association (YMCA) offers a youth leadership program which emphasizes self-concept and decision making.

* The West Virginia University Extension Service's 4-H Program focuses on personal development with strong emphasis on self-concept, decision-making, and assertiveness, including relationships with others. Often decisions regarding sexual behavior are discussed in this context.

* Churches of all denominations provide program instruction on the importance of values and social relationships in adolescent years.

The West Virginia Department of Health's Statewide Family Planning Program funds clinics across West Virginia which provide confidential medical screening, education, counseling, and contraceptive supplies to all adolescents who request these services. Private clinics and physicians throughout the state provide similar services to adolescents. Access to family planning education and services can provide teenagers with the proper knowledge and resources they need to avoid an unintended pregnancy.

Teens who engage in sexual activity without counseling or contraception, face a series of health risks to themselves and potentially to their babies. Sexually active adolescents ages 15-19 suffer the highest overall rates of sexually transmitted diseases among Americans. Teens risk of contacting gonorrhea, syphilis and chlamydia is estimated to be two to three times higher than that of individuals age 20 or older. Because of their failure to use barrier forms of contraception, heterosexual teens soon may face a

higher risk of AIDS (Acquired Immune Deficiency Syndrome) than heterosexual adults.(31)

Family planning is also a key to saving infants lives. High risk characteristics common among teenagers that contribute to low birthweight babies include physical immaturity, smoking, alcohol abuse, stress, poor nutrition, low maternal weight gain, hypertension, and toxic conditions.

It is important to bring all resources of the community together to improve the quality of life for the young people of West Virginia. In order to accomplish this, adolescents must have both the capacity and the desire to prevent unintended pregnancies. Education and family planning services must be available for all teens who want and need them in order to pursue their future personal and career goals.

CONCLUSIONS

As seen consistently throughout this report, statistics verify that West Virginia has a very serious teenage pregnancy problem. Some of the most alarming statistics include:

- WV has the second highest rate of white teenage births in the nation at 17.6%.
- WV has the fifth highest percentage of low birthweight babies born to teen mothers in the nation at 24.7%.
- 23% of the WV infants who died in 1985 were born to teenage mothers.
- Only 49% of teen mothers in WV receive early pre-natal care, the seventh lowest percentage in the nation.
- 60% of teen mothers in WV have not completed high school.
- 83% of the WV teen mothers who gave birth in 1985 did not name the baby's father.
- Public assistance and Medicaid coverage payments in WV are seventh lowest in the nation. The maximum AFDC benefit for a three-person family in WV is only $249/month.
- WV has the fifth highest youth unemployment rate in the nation at 26.1%.
- Only 42% of WIC (nutrition) financially eligible mothers and infants were being served in 1986.

West Virginia teenagers today have CHOICES to make that will permanently affect their futures. Teens need the motivation to delay early sexual activity and avoid the CONSEQUENCES of unintended pregnancy. Families, schools, churches and the community need to increase their commitment in helping teens become informed and responsible. By increasing the basic skills, knowledge, and self esteem of our adolescents, West Virginia as a whole will benefit.

FOOTNOTES

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